County: Keep original and provide copy of both sides, along with Public Summary, to requestor at no charge.

Delta County
310 Ludington Street, Escanaba, MI 49829
Phone: 906-789-5100

Denial Form

Notice of Denial of FOIA Request

Michigan Freedom of Information Act, Public Act 442 of 1976, MCL 15.231, *et seq.*

Request No.: 25-234 Date Received: 10/01/2025
Date of This Notice: 10/08/2025
(Please Print or Type)

Check if received via: ☐ Email ☑ Fax ☐ Other Electronic Method
Date delivered to junk/spam folder: _____
Date discovered in junk/spam folder: _____

Name [redacted]	Phone
Firm/Organization	Fax
[redacted]	[redacted]
[redacted]	State [redacted]

Request for: ☑ Copy ☐ Certified copy ☐ Record inspection ☐ Subscription to record issued on regular basis

Delivery Method: ☐ Will pick up ☐ Will make own copies onsite ☐ Mail to address above ☑ Email to address above
☐ Deliver on digital media provided by the County: _____

Record(s) You Requested: *(Listed here or see attached copy of original request)* See attached copy of original request.

☐ **All** **OR** ☑ **Part** of your request for records has been denied. Please refer to this form for an explanation. If you have any questions regarding this denial, contact Emily Desalvo at 906-789-5100

Reason for Denial:

☐ **1. Exempt from Disclosure:** This item is exempt from disclosure under FOIA Section 13, Subsection _____ *(insert number)*, because: _____

☑ **2. Record Does Not Exist:** This item does not exist under the name provided in your request or by another name reasonably known to the County A certificate that the public record does not exist under the name given is attached. If you believe this recorddoes exist, provide a description that will enable us to locate the record: _____

☐ 3. **Redaction:** A portion of the requested record had to be separated or deleted (redacted) as it is exempt under FOIA Section 13, Subsection _____ *(insert number)*, because: _____

A brief description of the information that had to be separated or deleted: _____

Notice of Requestor's Right to Seek Judicial Review

You are entitled under Section 10 of the Michigan Freedom of Information Act, MCL 15.240, to appeal this denial to the County Board of Commissioners or to commence an action in the Circuit Court to compel disclosure of the requested records if you believe they were wrongfully withheld from disclosure.If, after judicial review, the court determines that the County has not complied with MCL 15.235 in making this denial and orders disclosure of allor a portion of a public record, you have the right to receive attorneys' fees and damages as provided in MCL 15.240.
(See back of this form for additional information on your rights.)

Signature of FOIA Coordinator: [signature] 10 [redacted]
Da

County: Keep original and provide copy of both sides, along with Public Summary, to requestor at no charge.

Delta County
310 Ludington Street, Escanaba, MI 49829

Phone: 906-789-5100

Denial Appeal Form

FOIA Appeal Form—To Appeal a Denial of Records

Michigan Freedom of Information Act, Public Act 442 of 1976, MCL 15.231, *et seq.*

Request No.: 25-234 Date Received: _____
Date of This Notice: _____
(Please Print or Type)

Check if received via: ☐ Email ☐ Fax ☐ Other Electronic Method
Date delivered to junk/spam folder: _____
Date discovered in junk/spam folder: _____

Name		Phone
Firm/Organization		Fax
Street		Email
City	State	Zip

Request for: ☐ Copy ☐ Certified copy ☐ Record inspection ☐ Subscription to record issued on regular basis
Delivery Method: ☐ Will pick up ☐ Will make own copies onsite ☐ Mail to address above ☐ Email to address above
☐ Deliver on digital media provided by the County: _____

Record(s) You Requested: *(Listed here or see attached copy of original request)* _____

Reason(s) for Appeal:

The appeal must identify the reason(s) for reversing the denial. You may use this form or attach additional sheets:

_____

Requestor's Signature: _____ **Date:** _____

County Response:

The County must provide a response within 10 business days after receiving this appeal, including a determination or taking one 10-business day extension.

County Extension: We are extending the date to respond to your FOIA denial appeal for no more than 10 business days, until_____ (*month, day, year*). Only one extension may be taken per FOIA appeal.
Unusual circumstances warranting extension: _____

If you have any questions regarding this extension, contact: _____

County Determination:

☐ Denial Reversed ☐ Denial Upheld ☐ Denial Reversed in Part and Upheld in Part
The following previously denied records will be released: _____

Notice of Requestor's Right to Seek Judicial Review

You are entitled under Section 10 of the Michigan Freedom of Information Act, MCL 15.240, to appeal this denial to the County Board of Commissioners or tocommence an action in the Circuit Court to compel disclosure of the requested records if you believe they were wrongfully withheld from disclosure.If, after judicial review, the court determines that the County has not complied with MCL 15.235 in making this denial and orders disclosure of allor a portion of a public record, you have the right to receive attorneys' fees and damages as provided in MCL 15.240. (*See back of this form for additional information on your rights.*)

Signature of FOIA Coordinator: **Date:**